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Application Number	10/524,237
Filing Date	August 4, 2003
First Named Inventor	John J. Kopchick
Title	Diagnosis of Kidney Damage and Pro
Art Unit	1633
Examiner Name	Wehbe, Anne Marie Sabrina
Attorney Docket Number	KOPCHICK-5A

I hereby revoke all previous powers of attorney given in the above-identified application.

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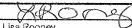
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	1-29-08
Name	Lisa Rooney	Telephone	740-593-0976
Title and Company	Director, Technology Transfer Office		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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